Under the Paperwork Reduction	n Act of 1995	, no gerson are r	equired to	respond to a collection				8 control numbe	
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				710011011111111111111111111111111111111		10/598,109-Conf. #1098			
FEE TRANSMITTAL			Filing Date C		October 25, 2007				
For FY 2009						Oren Meitus			
FOFFY 2009			Examiner Name C		C. L. Bradford				
Applicant claims small entity status. See 37 CFR 1.27			7	TAIL OUR		634			
TOTAL AMOUNT OF PAYMENT (\$) 1		(\$) 130.00	Attorney Docket No.		No.	06727/0205334-US0			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number 04-0100 Deposit Account Name: Darby & Darby P.C.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Credit any overpayments of (eg(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, A	ND EXAM	INATION FEE	S			***************************************			
,		FEES		ARCH FEES	EXAMIN	NATION FEES			
1	5	Small Entity		Small Entity	- (4)	Small Entity			
Application Type Utility	Fee (\$) 330	Fee (\$)	Fee (\$	270	Fee (\$) 220	Fee (\$) 110	rees	Paid (\$)	
1 '		165							
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85	***************************************		
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEES Small Entity									
Fee Description Fee (S) Fee (S) Each claim over 20 (including Reissues) 52 26								26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
Total Claims Extra	ee Paid (\$)	N	lultiple Depende	ent Claims	3				
Total Claims Extra Claims Fee (\$)							ee Pald (
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims Extra	Claims	Fee (\$)	F	ee Paid (\$)				_	
4 -4 or HP = () ×	220.00 =		0.00					
HP = highest number of independent	claims paid t	for, if greater than	3.						
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
sheets of fraction thereof. See 35 U.S.C. 41(a)(1)(d) and 37 CPR 1.10(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
							ree	Paid (\$)	
- 100 = /50 = (round up to a whole number) x =									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surctarge): 1251 Extension for response within first month 130.00									
SUBMITTED BY	A			Desistration No.					
Signature / ////		1		Registration No. (Altornes/Agent)	25,351	Telephone	(212) 52	7-7700	
Name (PrinVType) S. Péter Ludwig Date October 13, 2008									

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Everess Mail Lahel No.	Dated:
Express man Euroritor	Date.
II.	